



INTIENT PATIENT WEBINAR

VIDEO TRANSCRIPT

NIKKI BAELL: Hello and welcome to our On Demand Video Series focused on INTIENT Platform. Today, we're going to be looking at the INTIENT Patient technology. I'm Nikki Baell and I'm going to be facilitating the conversation between Denise, Alexander and Samuel.

Today, the team are going to focus on the hurdles that biopharm companies are facing as they try to connect data and insights across the industry and how our INTIENT Patient technology is helping.

We'll also look at how INTIENT's platform enables collaboration, continuity and flow of information across the enterprise to help provide the right data, at the right time and to the right team.

So now, with that, I'd like to handover to Denise.

DENISE PALERMO: Hi everyone. INTIENT Patient is one suite in our larger INTIENT integrated platform that's powered by Google. The platform currently has four suites. We have research that's focused around pre-clinical development. We have clinical, which is all the tools that you need to take your therapeutic to market. Pharmacovigilance and then patient.

INTIENT Patient has four modules. INTIENT Integrated Patient Care, which I'm not going to drill into because Sam's going to give you a more detailed overview and Alex is going to provide you with a use case.

But Integrated Patient Care, you can think of as all the tools needed to manage a patient care digitally and remotely. The next module that we have is real world research outcomes. This enables our clients to leverage multiple data sets to do things like tease out inclusion criteria or explore like using an efficacy to create cohorts as they work towards precision medicine.

Then we have precision medicine. This is the module that ties all of our modules together, along with the collaboration with ecosystem partners to support complex therapies that require timing and logistics like cell and gene therapy.

Then there's patient engagement. This module was our first and it's most heavily adopted. It supports all the services needed to get a patient on therapy and think access and affordability and keep them on therapy with support for care management.

And now that you have the overview of our modules, I'm going to hand it off to Sam to drill into Integrated Patient Care.

SAMUEL BAVERY: Great. Hello everyone. So as we talk about Integrated Patient Care, we are trying to build a technology platform to enable we see as next generation of patient centered care programs. So the way we've split up our technology is in three basic steps.

Number one is how do we get a patient onto a program? Now what we've found from our experience is something that seems as simple as just setting up a device or connecting a patient to a data source in order to start to collect data from some of the newer and novel data sources that we'd like to use can be a complicated process. So we built the modules specifically focused on easily getting a patient onto a program.

Once the patients is on a program, we have another set of technology that's focused on actually collecting that data from a patient, monitoring in real time and normalizing our data into a HL7 FHIR data store in order to effectively use the data. That's paired with a couple of tools to data cleanse and apply some terminology management, especially in the clinical data use case.



And finally, once we had that normalized, standardized set of data, there's a whole suite of Google powered analytic tools with ML and AI capabilities that then we can use to generate insights that hopefully will be able to allow us to continuously improve a program over time based on the outcomes that we are seeing from the data.

To make this a little bit more real, Alex is going to walk through a patient journey of what we think this looks like applied to the patient's total care program in something like this.

So, Alex, take it away.

ALEXANDER BURNETT: Awesome, thank you, Sam. Yes, so what we wanted to do is show you how this might come to life in a real world use case. And just to reiterate some of what Sam has said around why integrated patient care will – you can show the real world outcomes and prove that you are creating those better patient outcomes. And two, patients, humans, in general, are starting to expect more out of the experience, even all the way through to health.

And so, health providers and pharma are needing to come to the table with more to offer to support the patient through the patient journey. And, of course, lastly, capturing that data for R&D purposes is good as well.

And so, I'm going to take you through this patient journey, through four key stages. We have the program designed to do onboarding and enrollment, ongoing monitoring, care team coordination and management and finally, working towards personalized medicine using that real world outcomes evidence.

And so, starts with onboarding and enrollment. We follow our patient, Joey, who was recently diagnosed with Type II Diabetes, a working married father and is interested in taking a more active role in managing his diabetes and overall health. And he's followed in this journey by his care team.

He's got, Sara, his doctor; Claudia, the nurse practitioner, at that office that Sara works. Denise, a local resource at a national pharmacy that's been contracted by the program, so this is his diabetes educator; and, Kris, the patient service advocate on the medication manufacturer side. So Joey starts off by visiting his doctor, Sara, for a follow-up appointment. Sara, while visiting with Joey, works to understand his disease state and his current

practices for monitoring his therapy, his current therapy. And she decides to prescribe new medication and also refers Joey to a program that's offered by that medication manufacturer that will support his ongoing management and empower him with tools to support the therapy with even a little bit more power.

And so, Sara hands it over to Claudia to initiate the enrollment process while Joey is still there during that visit. And Claudia works with Joey to enroll him into the program and gain his consent. And during this time, gains his consent for his data to be used for research purposes on the backend.

And so, during this time, Claudia asks if Joey would like to add a caregiver to his profile and he decides to add his wife as she can be that extra nudge for him when he's going a little bit off course.

So the next day, Kris, the patient service advocate from the medication manufacturer, contacts Joey for introductions and explains her involvement in Joey's disease management and reviews with him the tools that are available in the package that will be coming in the next few days.

And so, when she comes in the next day, she sees that Joey is the first person on her list and knows that Joey is the first person to call. Completes that call with Joey and based on the call, toggles a couple components of the program to best fit Joey's patient case.

So she completes that call. She's done working with Joey for the day. Joey later that day receives an email with a link for his account creation. He clicks the link to setup his profile. He enters his two-factor authentication code, creates his passcode and he's up and running now with a profile. And the first thing that he's prompted to do upon creating his profile is to take a risk assessment survey.

And this risk assessment will help his care team to understand how certain patient behaviors might impact his therapy management. So good for the care team to know.

The next day, Joey receives his program care package at his doorstep and proceeds to setup and connect the devices with his app. So he's got his blood pressure cuff, his blood glucose monitor and his connected scale. And so, he completes the setup process, connects each device with the application, confirms that they're



all active and is now setup and ready to continue through his therapy management using the new tools included with the program.

So now, we'll move onto Joey and his care team monitoring Joey's therapy management. And so, Joey's up and running with those tools and he's gone through multiple cycles of day-to-day therapy leveraging these new tools.

He can go to his app and see what his mornin, midday and evening routine is and check off that he has completed each of these routines throughout the day. He can come to see how he's tracking towards his goals, in this case, he's tracking well against his 10,000 step goal and has already completed his 10 breathing exercises in the morning. And continues to take his blood pressure, which is in real time synced with his profile and available for all of his care team to view.

His care team can remotely monitor his situation through the patient summary dashboards that are integrated with their existing workflows and are able to get a quick look at Joey's patient state and determine if any intervention is needed.

And so, Sara, Claudia, Denise and Kris are all able to review these dashboards and ensure that no action is needed, which at this time, no action is needed.

So Joey, later in the week, walks to his local pharmacy to meet with Denise for his monthly A1C drops. So Denise, at his local pharmacy, he just has to walk a couple blocks. Denise greets Joey and begins to draw his blood for A1C and Denise then proceeds to speak with Joey regarding his current progress, which she's quickly able to pull up through their patient summary dashboard and determines that he's doing pretty well. But logs that A1C and they part ways, but Claudia, the nurse practitioner, receives a notification that Joey has this new A1C result and reviews Joey progress and determines that although Joey has improved, the results are not quite within the goals that they had hoped for Joey to accomplish.

And so, actually, Claudia receives an intervention alert stating there's a new medication recommended for Joey, consider adding a second therapy based on the patient current range. And so, she coordinates with Sara, the doctor, in pretty much real time. Sara reviews the recommendation and decides to prescribe Joey a second therapy and this is all remotely. Joey

has not had to come in. And Joey receives a notification to his mobile app saying that there's been a care plan update.

And so, he reviews the notification and sees that Sara has prescribed him Metformin and orders the medication directly through his mobile app. He can see these changes reflected on his home screen and he can see how he's progressing and fills this prescription and continues to manage his therapy day-to-day using these new tools and continuously improves with intervention from his care team.

And so, after all this time, after Joey has continued his program, he is continuously feeding the system with data, which can then be utilized by researchers to improve the situation, which in the case of Kris, the patient service advocate, she decides to review the patient population for the program and for her patients that she is concerned with to look for opportunities to tweak standard operating procedures or thresholds for interventions to kind of continuously improve the way the program is being run and do her part to make interventions where needed.

And Javier is a researcher on the clinical development side for the medication manufacturer. He reviews activity and program data for patients that have consented to share, and Joey is one of them, to determine opportunity for creating new cohorts from which studies can be conducted. He sees that Joey and other patients are on dual therapies and decides to look into this further.

Javier comes into the cohort tool to add certain attributes and look further into patients on dual therapies and determines that there might, indeed, be something meaningful to look into here. And so, he kicks off research efforts with his research team and they deep dive for months in the patient data, starting to uncover material findings, leveraging the INTIENT tools that they have available to them and eventually coming to conclusions that should improve outcomes for patients like Joey and eventually work that into the next generation therapy by the medication manufacturer.

And so, this completes our use case example, but you can hopefully get a taste of the power of the patient suite. And so now, I'd like to come back to you guys for any questions that you might have.



NIKKI BAELL: Brilliant. Thank you. Thank you so much to all three of you. A really good interesting presentation and that use case that you just talked us through, Alex, was very, very interesting. Thank you.
So, Alex says quite rightly, we have some questions. Given that this is one of our on demand webinars, we have gathered together some of the questions that our clients have previously asked us and I wanted to put them to the team.

So first question, is INTIENT a fit solution for use cases which involve large care teams? So including caregivers, clinicians, medication manufacturers, nurses on calls and others? How is this circumstance supported?

ALEXANDER BURNETT: Thanks, yeah, and I think I'll take this one. So as you can see in the example of the patient journey example that we just presented, the INTIENT use design to handle large care teams and the idea is that this is a framework that can be applied to various use cases. In the use case that we just showed, there are desperate members of the care team which are all operating on a common ledger to be able to collaborate and make those therapy adjustments faster. But that is kind of one of the core solutions behind the framework. And so, it can be adapted to slimer or robust care teams accordingly.

NIKKI BAELL: Brilliant. Excellent, thank you. Thank you. Okay, so another question for you. How integrated with the ecosystem is the platform? For example, how is patient integrated with health data through sources like any monitors supported? Anything like that?

DENISE PALERMO: I can take this one. Yeah, so INTIENT Patient has a data acquisition strategy and solution. And within that data acquisition strategy, we have what we call the data fabric, which allows us to take in multiple data sources real time. And one of the components of that is called a mobile device framework and that mobile device framework set of APIs that allow us to connect to just about any mobile device real time. And that was kind of what we were showcasing in the Joey use case.

NIKKI BAELL: Brilliant. Okay, that must be a huge, huge benefit for our platform as well. That's awesome.
So another question for you. Can you give an example of a recent client implementation?

SAMUEL BAVERY: Sure. So I think recently one of the more interesting of the implementations that we've done is actually applying this concept of patient centric care to a clinical trial. So hot topic in our current climate is all around how do we support patients remotely through a combination of devices and telehealth, which has become especially important in the clinical trial space and we're looking to use a lot of the concepts from our patient modules to actually facilitate that.

The thought being that as we're engaging with the patient remotely, the same principles apply of how a patient reacts and that's how you keep them on protocol, the use of device data, how we think it's very applicable. So recently, we did a 12-month respiratory study specifically focusing on enabling patients with connected inhalers, a mobile spirometer, activity monitors, as well as direct data collection out of an EMR system to really start to figure out what does this look like in a real world setting and how do we go deploy to hundreds of patients and then manage that adherence to treatment plans and protocols in the real world?

That's a fascinating, fascinating study with lots of great results, all using the INTIENT Patient technology.

NIKKI BAELL: Thanks again for spending time with Denise, Alexander, Samuel and myself today. We've included details of how you can connect with us and learn more about how we're helping other clients discover insights that can lead to better patient outcomes faster than ever before.

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